

## RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

## GRANT COUNTY HEALTH DEPT. FOOD DIVISION 401 SOUTH ADAMS STREET MARION, IN 46953

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Esfablishm	ent Name	) an	+ Ros 5579	Telephone Number  ( ) Establishment	Date of Inspection (mm/dd/yr)	ID#
Establishm		3 (nu.	mber and street, city, state, ZIP code)	948-3318	2-5-24	7
Village Panter, LLC				Purpose:	Follow-up Relo	ease Date ) a OUS
\$565 Maylan PKWG				2. Follow-up 3. Complaint	Summary of Viola	
Person in Charge Perry				4. Pre-Operational 5. Temporary	C NC_	
Responsible Person's E-mail				6. HACCP 7. Other (list)	Menu Type <i>(See b</i>	uck of page)
Certified Food Handler Pelle				7. Other (IISI)	123	45
<ul> <li>CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</li> <li>VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</li> </ul>						
Section# C/NC R Narrative To Be Corrected By						
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